

DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Docket Number	21573Y	
	First Named Inventor	Wesley Blackaby et al.	
	COMPLETE IF KNOWN		
	Application Number		
	Filing Date		
	Group Art Unit		
		Examiner Name	

☒ Declaration Submitted with Initial Filing **OR** ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

HETERORAYL PIPERIDINE GLYCINE TRANSPORTER INHIBITORS

(Title of the Invention)

the specification of which

☐ bears the Attorney Docket Number and Title of the Invention noted above

OR

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 03/24/2004 as United States Application Number or PCT International Application Number PCT/US2005/009810 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose to the Patent and Trademark Office all information known to me to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent or inventor's certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Attorney Docket Number	Priority Claimed?	
				YES	NO
PCT/US2005/009810	WO	03/24/2004	21573Y	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Attorney Docket Number
60/555,925	03/24/2004	21573PV

DECLARATION AND POWER OF ATTORNEY for Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information known to me to be material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Application Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint, respectively and individually, as my attorney(s) or agent(s) with full power of substitution and revocation, the following registered practitioner(s) to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith:

☐ Practitioners Associated with the Customer Number **000210**
OR
☐ Registered practitioner(s) named below

Name	Registration Number	Name	Registration Number
J. Eric Thies	35,382	Melvin Winokur	32,763

Direct all correspondence to: ☒ Customer Number **000210**

Name	J. Eric Thies				
Address	Merck & Co., Inc. - Patent Department				
Address	P.O. Box 2000, RY60-30				
City	Rahway	State	NJ	ZIP	07065-0907
Country	USA	Telephone	(732)594-3904	Fax	(732)594-4720

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])			Family Name or Surname		
Wesley			Blackaby		
Inventor's Signature				Date	
Residence: City		State		Country	
				Citizenship	GB
Mailing Address	Merck Sharp & Dohme Limited, The Neuroscience Research Centre, Terlings Park, Eastwick Road				
City	Harlow, Essex	State		ZIP	CM20 2QR
				Country	U.K.

☒ Additional inventors are being named on the 4 supplemental Additional Inventors(s) sheet(s) PTO/SB/02A or 02LR attached hereto.

DECLARATION AND POWER OF ATTORNEY

ADDITIONAL INVENTOR(S) Supplemental Sheet

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Mark E.				Duggan			
Inventor's Signature						Date	
Residence: City	Harleysville	State	PA	Country	US	Citizenship	US
Mailing Address	Merck Research Laboratories, Sumneytown Pike, P.O. Box 4						
City	West Point	State	PA	ZIP	19486	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
David				Hallett			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	GB
Mailing Address	Merck Sharp & Dohme Limited, The Neuroscience Research Centre, Terlings Park, Eastwick Road						
City	Harlow, Essex	State		ZIP	CM20 2QR	Country	U.K.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
George D.				Hartman			
Inventor's Signature						Date	
Residence: City	Landsdale	State	PA	Country	US	Citizenship	US
Mailing Address	Merck Research Laboratories, Sumneytown Pike, P.O. Box 4						
City	West Point	State	PA	ZIP	19486	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
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Andrew S.				Jennings			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	GB
Mailing Address	Merck Sharp & Dohme Limited, The Neuroscience Research Centre, Terlings Park, Eastwick Road						
City	Harlow, Essex	State		ZIP	CM20 2QR	Country	U.K.

DECLARATION AND POWER OF ATTORNEY

ADDITIONAL INVENTOR(S) Supplemental Sheet

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
William H.				Leister			
Inventor's Signature						Date	
Residence: City	Quakertown	State	PA	Country	US	Citizenship	US
Mailing Address	Merck Research Laboratories, Sumneytown Pike, P.O. Box 4						
City	West Point	State	PA	ZIP	19486	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Richard T.				Lewis			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	GB
Mailing Address	Merck Sharp & Dohme Limited, The Neuroscience Research Centre, Terlings Park, Eastwick Road						
City	Harlow, Essex	State		ZIP	CM20 2QR	Country	U.K.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Craig W.				Lindsley			
Inventor's Signature						Date	
Residence: City	Schwenksville	State	PA	Country	US	Citizenship	US
Mailing Address	Merck Research Laboratories, Sumneytown Pike, P.O. Box 4						
City	West Point	State	PA	ZIP	19486	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Elizabeth				Naylor			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	GB
Mailing Address	Merck Sharp & Dohme Limited, The Neuroscience Research Centre, Terlings Park, Eastwick Road						
City	Harlow, Essex	State		ZIP	CM20 2QR	Country	U.K.

DECLARATION AND POWER OF ATTORNEY

ADDITIONAL INVENTOR(S) Supplemental Sheet

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name (first and middle [if any])					Family Name or Surname						
Leslie J.					Street						
Inventor's Signature							Date				
Residence: City		State		Country		Citizenship		GB			
Mailing Address		Merck Sharp & Dohme Limited, The Neuroscience Research Centre, Terlings Park, Eastwick Road									
City		Harlow, Essex		State		ZIP		CM20 2QR		Country U.K.	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name (first and middle [if any])					Family Name or Surname						
Yi					Wang						
Inventor's Signature							Date				
Residence: City		North Wales		State PA		Country US		Citizenship		CN	
Mailing Address		Merck Research Laboratories, Sumneytown Pike, P.O. Box 4									
City		West Point		State PA		ZIP		19486		Country U.S.A.	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name (first and middle [if any])					Family Name or Surname						
David D.					Wisnoski						
Inventor's Signature							Date				
Residence: City		Quakertown		State PA		Country US		Citizenship		US	
Mailing Address		Merck Research Laboratories, Sumneytown Pike, P.O. Box 4									
City		West Point		State PA		ZIP		19486		Country U.S.A.	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name (first and middle [if any])					Family Name or Surname						
Scott E.					Wolkenberg						
Inventor's Signature							Date				
Residence: City		Lawrenceville		State NJ		Country US		Citizenship		US	
Mailing Address		Merck Research Laboratories, Sumneytown Pike, P.O. Box 4									
City		West Point		State PA		ZIP		19486		Country U.S.A.	

DECLARATION AND POWER OF ATTORNEY**ADDITIONAL INVENTOR(S)
Supplemental Sheet**

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Zhijian				Zhao			
Inventor's Signature						Date	
Residence: City	Wilmington	State	DE	Country	US	Citizenship	US
Mailing Address	Merck Research Laboratories, Sumneytown Pike, P.O. Box 4						
City	West Point	State	PA	ZIP	19486	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Mailing Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Mailing Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
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Inventor's Signature						Date	
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Mailing Address							
City		State		ZIP		Country	
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Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Mailing Address							
City		State		ZIP		Country	